LEGAL ADVOCATES FOR CONSUMERS IN DEBT
A NATIONWIDE PROGRAM OF THE CHICAGO LEGAL CLINIC, INC.
DEBT RELIEF CENTER
P. O. BOX 81589 λ CHICAGO, IL λ 60681-0589
PHONE (312) 946-0233 www.mylacd.org FAX (312) 676-5841

February 10, 2017

LACD Account # [redacted]

Re: ROBERT WEST /
Account # [redacted]

CCS
FAX 617- 658-5709
PO BOX 55156
BOSTON, MA 02205-5156
-Signed authorization attached-

PROPOSED
$20.00 / M

To CCS:

Legal Advocates for Consumers in Debt (LACD) is a program of the Chicago Legal Clinic, Inc. The Clinic was founded as a not-for-profit law firm by two law school classmates in 1981 to bring low-cost legal services to unemployed steel workers. The vision of Bishop Thomas Paprocki and Ed Grossman has expanded significantly. The Chicago Legal Clinic now serves more than 37,000 clients a year.

The Clinic's LACD program assists consumers who are having trouble with their debts resolve them with their creditors as an alternative to bankruptcy, continued delinquency or legal action by their creditors. LACD wants to work with you and them on a voluntary disbursement plan that is based on their current income, expenses and the amount of the debts that they owe all of their creditors. After reviewing their income, expenses and debts, a payment can be made to you of **20.00** per month. As other debts are satisfied, our client may be able to increase this amount and we will let you know when that occurs.

In return, you may inquire about the status of our client at any time by contacting us during regular business hours.

AS SHOWN BY THE ENCLOSED, OUR CLIENT HAS GIVEN US WRITTEN AUTHORIZATION TO OBTAIN INFORMATION ABOUT THIS ACCOUNT. AS LEGAL REPRESENTATIVE FOR THIS FAMILY, ALL FUTURE COMMUNICATION ABOUT THIS DEBT MUST BE CONDUCTED WITH OUR OFFICE.

DO NOT COMMUNICATE DIRECTLY WITH OUR CLIENT.

Please confirm the exact amount owed, along with your acceptance of our client's payment offer by executing and retuning this letter to us at the address or fax shown above.

____ Proposal accepted as stated. Balance $__________
____ Proposal accepted with changes noted. Balance $__________ Payment needed $________Other________
____ Proposal not accepted with reason: ____

Authorized by ____________________ Date: __________ Title: ____________ Phone: ______________

New interest rate: ____________ Re-aging account: ______________ Late charges: _____________

Fair share: [__] Deduct = ____% or [__] Bill = ____%

Thank you for your cooperation and support.

Edward Grossman
Executive Director & Supervising Attorney

EXHIBIT
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ATTORNEY-CLIENT AGREEMENT ACCOUNT NO [redacted]

This is an agreement between Legal Advocates for Consumers in Debt ("LACD"), 2938 E 91st St, Chicago, Illinois, 60617-4208 (*WHEN MAILING PLEASE USE LACD, P.O. BOX 81589, CHICAGO, ILLINOIS 60681*) and.
(Client Name) ROBERT WEST (Client #2 Name) [redacted]
(Address) [redacted], SELDEN, [redacted]

1. LACD will furnish limited representation to Client(s) to help them satisfy their debts over an agreed upon period of time through an attorney developed payment plan.

2. LACD will furnish Client(s) a schedule for paying off those debts included in the Plan. Upon acceptance of the Plan by Client(s), LACD will furnish Client(s) a complete billing statement for any activity on their creditor account. LACD will attempt to secure the approval of the Plan from each of the listed creditor(s).

3. Client(s) is aware that LACD's attorneys are only licensed to act as attorneys in the State of Illinois and are not licensed to practice in any other state. Therefore, LACD's attorney representation is limited to attempting to reach an agreement with creditors. LACD's attorneys and LACD cannot represent you if a creditor proceeds with a legal action against you in court. If you are sued in court, you must obtain an attorney licensed to practice law in your state. Although LACD may be able to assist you in obtaining an attorney licensed to practice law in your state, LACD can not guarantee that it will be able to find you an attorney.

4. Each month, Client(s) will be required to pay the agreed upon amount to be distributed to creditors. In addition, each month, Clients(s) will be required to pay an administrative fee of $30.00 if you have one creditor in the Plan or $40.00 per month if you have two to five creditors in the plan and $5.00 per month for each additional unsecured creditor in excess of five. This total combined amount must be paid every month as a single payment until the plan is completed. Your first monthly payment will be considered our sign-up fee. Other fees that may apply are: (a) changing ACH information- $10.00; (b) adding a creditor- $25.00; (c) NSF payment- $25.00.

5. With respect to a Plan accepted by your creditors, LACD will only represent Client(s) by paying the creditor each month, provided Client(s) forwards their payment and billing statements to LACD in a timely manner. Client(s) is aware and agrees that all of their payments will first be applied toward LACD fees, the secured creditors, if any, and then toward unsecured debt.

6. **CLIENT(S) AUTHORIZES LACD TO COMMUNICATE BY ANY MEANS WITH ANY OR ALL OF THEIR CREDITORS OR DEBT COLLECTORS DURING THE COURSE OF THIS PLAN, INCLUDING, BUT NOT LIMITED TO, SENDING A LETTER IN THE NAME OF THE CLIENT(S) DIRECTING THAT ALL COMMUNICATION BE DIRECTED TO LACD.**

7. Client(s) is aware that LACD is not liable for any garnishments, government levies from income, wage assignments, utility shut-offs, or cancelled insurance policies, nor for as any late charges imposed by a creditor due to delinquent payments. Additionally, LACD makes no representation or guarantee that any or all creditors will accept the Plan. Nor does LACD provide any credit counseling to Client(s) as part of its limited representation. Client(s) is aware that participation in the Plan may have a negative effect on Client's credit.

8. Client(s) agrees to disclose all their debts to LACD as well as to not incur any additional credit while participating in the Plan without the approval of LACD.

9. Client(s) agrees to pay the monthly Plan payment to LACD by money order or automatic withdrawal. Client(s) understands that personal checks are not accepted. All payments received by LACD will be deposited in a separate client fund account.

10. Client(s) may terminate LACD's limited representation with 30 days written notice. However, Client(s) agrees to pay a termination fee equal to one month's administrative fee.

11. This Agreement is governed by the laws of the State of Illinois. The parties agree that should any dispute arise as a result of this Agreement, venue and jurisdiction shall be in the Circuit Court of Cook County, State of Illinois.

12. **LACD MAKES NO REPRESENTATION AS TO A SUCCESSFUL OUTCOME OF THIS MATTER. THIS AGREEMENT SUPERSEDES ANY ORAL REPRESENTATIONS.**

Please read, sign and return this Agreement along with your payment and copies of your bills. LACD will return a signed copy to you.

[signature] 11/3/16 [redacted] [redacted]
Signature of Client Date Social Security Number Date of Birth

Signature of Second Client Date Social Security Number Date of Birth

Accepted by: [signature], Legal Advocates for Consumers in Debt. 11-29-16
Edward Grossman, Executive Director & Supervising Attorney Date

Fax Confirmation Report

Date & Time : 10-FEB-2017 12:42PM FRI
Fax Number : 13126765841
Fax Name : LACD
Model Name : WorkCentre 3550

Total Pages Scanned: 2

No.	Remote Station	StartTime	Duration	Page	Mode	Job Type	Result
001	916176585709	10-02 12:40PM	00'31	002/002	EC	HS	Success

Abbreviations:

HS:Host Send	PL:Polled Local	CP:Completed	TS:Terminated by System
HR:Host Receive	PR:Polled Remote	FA:Fail	TU:Terminated by User
MS:Mailbox Save	WS:Waiting To Send	RP:Report	G3:Group3
MP:Mailbox Print	EC:Error Correct		

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